

Family Programs



Customer Rights & Privacy SOP

SOP Effective: 01JULY2023

Family Programs
600 Cedar Street
Saint Paul, MN 55101

Family Programs Customer Rights & Privacy
SOP Effective: 01JULY2023

<p>By Order of Director of Family Programs</p> <p>Heather J Bergeron State Family Programs Director, Minnesota National Guard</p> <p>History: This Customer Rights & Privacy Standard Operating Procedure (SOP) supersedes all previous versions</p>	<p>Changes: Changes to this SOP are not official unless authenticated by the OPSEC officer.</p> <p>Suggested Improvements: The proponent of this document is Family Programs. Users are invited to send comments and suggestions on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Family Program OPSEC Officer, 600 Cedar St. Saint Paul, MN 55101.</p> <p>Restrictions: Approved for Family Programs internal release; distribution limited. Local reproduction authorized.</p>
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1. REFERENCES:

- a. Privacy Act of 1974 (5 USC 552a) updated 12 October 2022
- b. DoD Directive (DoDD) 5400.07, DoD Freedom of Information Act (FOIA) Program dated 05 April 2019
- c. DoD Instruction (DoDI) 5400.11, DoD Privacy and Civil Liberties Programs dated 08 December 2020
- d. Army Regulation 608-1, Army Community Service, dated 19 October 2017
- e. Army Regulation 340-21, The Army Privacy and Civil Liberties Program, dated 30 September 2022

2. DEFINITIONS:

- a. Minnesota National Guard Family Program (MNNG-FP)
 - (1) BTYR: Minnesota's Beyond the Yellow Ribbon synchronizes community, county, and company resources in support of military service members, veterans, and families.
 - (2) CYC: Child and Youth Services supports the readiness and resilience of geographically dispersed Service Members and their families by reducing the conflict between parental responsibilities and mission requirements through age-appropriate youth programming within the program core elements. See Annex C (Youth Programs Permissions Form).
 - (3) ESGR: Employer Support of the Guard and Reserve (ESGR) develops and promotes supportive work environments for Service members in the Reserve Components.
 - (4) SFRS: The Soldier and Family Readiness Program mission is to enhance the readiness of units by supporting the Soldier and Family's holistic wellbeing. Soldier and Family Readiness Specialist (SFRS) being the subject matter expert on community resources to improve quality of life for Soldiers and their Families and training the Soldier and Family Readiness Groups (SFRG).
 - (5) YRRP: YRRP is a proactive outreach program, operating from pre-deployment to post-deployment, that provides assistance to Army National Guard (ARNG) and Air National Guard (ANG) Service members, as well as family members and Designated Individuals.
 - (6) Customer/Client: A customer/client is defined as a Service Member, Family Member, Retiree, Veteran, and/or civilian employee who receives assistance from Family Programs. Assistance can be either short or long term.

(7) **Military Family Member:** Family members are defined as a spouse, son, daughter, parent, or next of kin of a service member.

(8) **Military Dependent:** A dependent is defined as the spouse, child, and possibly other familial relationship categories of a sponsoring military member for purposes of pay, as well as special benefits, privileges, and rights.

(9) **Military Connected Youth:** A Military Connected Youth is defined as someone who has a parent currently serving in the military and who is in kindergarten through 12th grade, ages 5-18.

b. Acronyms are listed in Annex H (Acronyms).

3. **PURPOSE:** This Standard Operating Procedure (SOP) is a MNNG-FP Office guideline for our Client Rights and Privacy. This SOP will be the standard for the Family Program staff who work with Service Members and Families from all components and status when assisting them with obtaining services from the aforementioned programs.

4. RESPONSIBILITIES:

a. **Family Programs Staff:**

(1) Provide reasonable and impartial access to services regardless of race/ethnicity, age, education, national origin/citizenship, religion, physical disabilities, rank, sexual orientation, or gender identity.

(2) Provide considerate and supportive services with regard to client's comprehensive fitness (mental, spiritual, social, and physical).

(3) Adhere to client's personal privacy and confidentiality.

(4) Provide knowledgeable, competent, and respectful interactions with clients.

(5) Provide prompt, accurate, and a reasonable response to client's questions and requests.

(6) Inform the client of their rights and responsibilities as a customer. See Annex A (Customer Bill of Rights and Responsibilities). Annex A must be posted in offices that have interactions with clients.

(7) Customer file access will be limited to only authorized personnel. Information will not be released without a "Release of Information" form signed by the

client. See Annex D (Authorizations to release/exchange confidential information). Additionally, staff will file former customers and deceased customers' case files in accordance with all applicable laws and regulations.

(8) Language Assistance: MNNG-FP does not provide spoken translation of foreign languages. In the event of a need for translation, MNNG-FP staff have access to limited document translation services via Military OneSource, and online text-based translation programs.

(9) Disability Assistance: MNNG-FP welcomes all customers, regardless of auditory, visual, and physical special needs. In the event that an individual with special needs seeks the service of MNNG-FP without assistance of a family member or sponsor, we will make all reasonable efforts to accommodate the needs of the customer.

(10) Serving Minors: The Child & Youth Services (CYS) staff can provide minors with resource and referrals for educational institutions, scholarships, and employment without consent of their parents. All other inquiries are managed by the SFRS team, and a parent or guardian provides written permission before resources or referrals are provided.

(11) Hours of Operation: MNNG-FP staff hours vary based on location. Hours and contact information are posted outside offices. See Annex G (MNNG-FP Hours of Operation). Customers can reach any SFRS by calling the helpline at 1-888-234-1274.

(12) Behavioral Health Referrals: In the event of a behavior health crisis, Family Program staff refer service members and/or family members to Behavior Health Office (BHO) or other applicable resources.

(13) Remote Locations/ Technology: Staff who provide services in remote locations or via electronic means ensure that customers are afforded the same privacy rights as if they were receiving services in an office setting.

(14) In the event that Family Programs staff provide services to couples or families, that confidentiality of all parties must be protected. This will include, but not be limited to, maintaining a separate file for each individual and obtaining written consent from all parties prior to discussing confidential information from a joint file.

(15) Prior to releasing any information about clients, or from their files, Family Program staff must obtain written permission. See Annex D (Authorization to Release/Exchange Confidential Information). This written form needs to contain the following:

- (a) The name of the customer whose information will be released.
- (b) The signature of the customer or parent/legal guardian, and witness.

- (c) The specific information to be released.
- (d) The purpose for which the information will be used.
- (e) The date the release takes effect.
- (f) The date, event, or condition upon which consent expires, not to exceed one year.
- (g) The name of the person(s) or organization(s) that will receive the information.
- (h) A statement that the customer may withdraw the authorization at any time except to the extent the action has already been taken.

b. Clients' Rights:

- (1) Receive fair, impartial, and respectful treatment regardless of race, creed, gender, national origin, religion, physical disabilities, rank, or sexual orientation from all MNNG-FP staff.
- (2) Considerate and supportive services with regard for your comprehensive fitness (mental, spiritual, social, and physical).
- (3) Privacy and confidentiality IAW state and federal law. See Annex A (Customer Bill of Rights and Responsibilities) and Annex F (Privacy and Disclosure Statement).
- (4) Knowledgeable, competent, and cooperative staff.
- (5) Prompt, accurate, and reasonable response to your questions and requests.
- (6) Receive applicable and accurate information relevant to assessing your needs.
- (7) Request a copy of their file. This request is submitted in writing and reviewed by FP Staff. Access to the file may be denied if it is determined that such access would be harmful to the customer. If denying access is a consideration, the request will be submitted to the SFPD for review prior to the final determination.
- (8) Refuse any service or treatment unless mandated by law, a court order, or command order, and be informed of the possible consequences of refusing services, including military disciplinary procedures.

(9) Customers have the opportunity to provide feedback on services. See Annex E (MNNG-FP Feedback Procedures).

c. Clients' Responsibilities:

(1) Provide accurate, complete information and required documentation to support the services requested.

(2) Communicate updated changes in your status and personal information since your last visit.

(3) Provide staff member feedback about your level of satisfaction.

(4) Ask questions to ensure you understand instructions and information.

(5) Provide feedback on referred services received.

5. RECOMMENDED CHANGES TO THIS SOP should be submitted using DA Form 2028 (Recommended Changes to Publications and Blank Forms) thru Family Programs OPSEC Officer, 600 Cedar St, Saint Paul, MN 55101.

Heather J. Bergeron
State Family Programs Director

Customer Bill of Rights and Responsibilities

All persons obtaining services from the MNNG-FP are entitled to certain rights and subject to certain responsibilities. The observance of these rights and responsibilities by both customers and staff of the Minnesota State Family Programs Staff is vital to ensuring that services are delivered in an appropriate and efficient manner.

AS OUR CUSTOMER, YOU HAVE THE RIGHT TO:

- Receive fair, impartial, and respectful treatment regardless of race, creed, gender, national origin, religion, physical disabilities, rank, or sexual orientation from all MNNG-FP Staff.
- Considerate and supportive services with regard for your comprehensive fitness (Mental, Spiritual, Social and Physical.)
- Privacy and confidentiality IAW state and federal law, and Privacy and Disclosure Statement.
- Knowledgeable, competent, and cooperative staff.
- Prompt, accurate and reasonable response to your questions and requests.
- Receive applicable and accurate information relevant to assessing your needs.
- Request a copy of your file.
- Refuse any service or treatment unless mandated by law, a court order, or command order.

AS OUR CUSTOMER, IT IS YOUR RESPONSIBILITY TO:

- Provide accurate, complete information and required documentation to support the services requested.
- Communicate updated changes in your status and personal information since your last visit.
- Provide staff member's feedback your level of satisfaction.
- Ask questions to ensure you understand instructions and information.
- Provide feedback on referred services received.

STATEMENT OF UNDERSTANDING

MNNG-FP respects your right to privacy; however, the staff members DO NOT have privileged communication. MNNG-FP staff is required by law, with or without your consent, to contact proper authorities if they believe you and/or supporter/Family Member pose a risk to yourself or others. Suspected abuse/harm include but is not limited to: maltreatment, molestation, child neglect, elderly abuse, and/or drug use.

Minnesota National Guard Family Emergency Reporting (FER) purpose is to best identify Service Members' and their dependents in crisis. Triggers for initiation of an FER are as follows; death, severe injury/illness/hospitalization, suicide threat/ideation, felony arrest, child safety issue, military pay problem (lasting over 1 month), natural/man-made disaster, displaced family and/or member, and non-support. These crises have the highest potential to affect service member's military obligation and will be shared with the service members unit.

A copy of this document is available upon request from:

**Family Programs Office
600 Cedar Street
St. Paul MN 55101**

Statement of Understanding

MNNG-FP respects your right to privacy; however, the staff members DO NOT have privileged communication. MNNG-FP staff is required by law, with or without your consent, to contact proper authorities if they believe you and/or supporter/Family Member pose a risk to yourself or others. Suspected abuse/harm include but is not limited to: maltreatment, molestation, child neglect, elderly abuse, and/or drug use.

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I acknowledge that I have read and understand this Statement of Understanding and I have also read and understand the Minnesota National Guard Family Programs Bill of Rights and Responsibilities.

Customer Signature

Date

Staff Member Signature

Date

DISCLAIMER: By typing your name, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Family Information Worksheet

The information contained within is For Official Use Only (FOUO) and protected by the Privacy Act of 1974, as amended.

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: The Privacy Act of 1974 (5 U.S.C. 552a); 10 U.S.C. Section 1781b; 10 U.S.C. Section 3013; and CNGBM 1800.02

PRINCIPLE PURPOSE: This information will be used by MNNG Family Programs to provide assistance to Service Members and their families in programs that affect family readiness.

ROUTINE USES: This information will be released as authorized for disclosure to any party or agency identified accordingly between MNNG Family Programs and the customer. Further demographic information may be used for statistical purposes or trend analysis. However, no PII will be used in that circumstance.

DISCLOSURE and EFFECT OF WITHHOLDING CONSENT: Voluntary. Failure to provide information may prevent MNNG Family Programs from having the ability to provide routine outreach to the Service Member or their family, which could result inability to provide updated family activities, programs and services, in inappropriate service provided, delay in services, and denial of services.

SECTION I - SERVICE MEMBERS (SM) INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

RANK _____ DOB _____ MOB DATE _____
(MM/DD/YYYY) (MM/DD/YYYY)

MAILING ADDRESS _____
STREET APT. #

_____ CITY STATE ZIP CODE COUNTY

PRIMARY PHONE _____

CIVILIAN E-MAIL _____ MILITARY E-MAIL _____

PRIMARY UNIT _____

REASSIGNED UNIT _____

MARITAL STATUS: Single Married Divorced Other _____

SECTION II - PRIMARY POINT OF CONTACT (POC)

LAST NAME _____ FIRST NAME _____ MI _____

RELATIONSHIP TO SM: FATHER MOTHER SPOUSE SIBLING OTHER _____ GENDER: MALE FEMALE

MAILING ADDRESS _____
STREET APT. #

_____ CITY STATE ZIP CODE COUNTY

PRIMARY PHONE _____ PRIMARY E-MAIL _____

PREFERRED METHOD(S) OF CONTACT/OUTREACH: PHONE TEXT E-MAIL NO CONTACT/OUTREACH

POC's SIGNATURE _____ DATE _____

POC's Signature required only if "No Contact/Outreach" selected

SECTION III - SECONDARY POINT OF CONTACT (POC)
(Optional Section)

LAST NAME _____ FIRST NAME _____ MI _____

RELATIONSHIP TO SM FATHER MOTHER SPOUSE SIBLING OTHER _____ GENDER: MALE FEMALE

MAILING ADDRESS _____
STREET _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

PRIMARY PHONE _____ PRIMARY E-MAIL _____

PREFERRED METHOD(S) OF CONTACT/OUTREACH: PHONE TEXT E-MAIL NO CONTACT/OUTREACH

POC's SIGNATURE _____ DATE _____

POC's Signature required only if "No Contact/Outreach" selected

SECTION IV - CHILD INFORMATION

CHILDREN Yes No LIVES WITH SM Yes No GUARDIAN _____

PHONE _____ E-MAIL _____

<u>Last Name, First Name, MI</u>	<u>Gender</u>	<u>DOB</u> <small>(MM/DD/YYYY)</small>	<u>Mailing Address (if different for family address)</u>	<u>Phone Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION V - FAMILY CONCERNS

SPECIAL NEEDS OR FAMILY CONCERNS: Yes No DUAL MILITARY: Yes No

If "Yes," please explain: Special needs include, but not limited to: Physical Disabilities, Mental Health, Speaking only a foreign language, & etc.

DECLINING POC(S) OUTREACH:

If "yes," Please explain reasons for declining Outreach: _____

SECTION VI - SERVICE MEMBER CONSENT

Initial if you consent to MN State Family Programs sharing the information in this form with the Sanctioned SFRG Volunteers for outreach purposes only _____

SERVICE MEMBERS' PRINTED NAME _____

SERVICE MEMBERS' SIGNATURE _____ DATE _____
(MM/DD/YYYY)

Hold Harmless:

By signing this form, I agree to release the Minnesota National Guard, any National Guard Affiliates, the State of Minnesota, the United States of America, and/or their employees, contractors and volunteers from any responsibility or liability regarding any possible injury/death that might occur during this event.

Photo and Non-confidential Information Release

I understand that the National Guard Youth Program is developing photographic and multimedia materials, which will illustrate activities at today’s event. I grant the National Guard Youth Program and its associated staff and subordinate entities, the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes, and sound recordings of the youth representatives, for use in any such materials as the National Guard Youth Program or its associated entities may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

Authorization

If an injury or illness develops during an activity or event, medical care will be provided and I will be notified as soon as possible. I understand that it is my responsibility to provide updates (including changes in health conditions and medical coverage) prior to events in which the above-named youth participates. I understand and accept the above statements and further authorize each of the following:

- A. The health history and medical information I have provided is correct and the above-named youth has my permission to engage in all program activities as noted. I understand that it is my responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which the above-named youth intends to participate.
- B. If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained for the youth and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.

Furthermore, I agree that all activities and use of all facilities relating to participation in Minnesota National Guard Youth Programs activities shall be undertaken at the sole risk of the youth/family and the Minnesota National Guard Youth Programs shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in Minnesota National Guard Youth programs/events or the premises where the programs/events occur and I do hereby expressly forever release, discharge, and hold harmless the Minnesota National Guard Youth Programs and youths of the program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the Minnesota National Guard, Youth Programs, or employees. **I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.**

I have read and understand and agree to the terms and conditions of this release and authorization. I understand that I have given up rights by signing this release and sign it freely and without inducement.

Parent/Legal Guardian’s Signature _____ Date _____

Youth’s Signature _____ Date _____

(If the youth is 18 or over, **BOTH** the parent/legal guardian and youth must sign.)



MN State Family Programs Office

600 Cedar Street
St. Paul, MN 55101



AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION Privacy Act Statement

AUTHORITY: The Privacy Act of 1974 (5 U.S.C. 552a); 10 U.S.C. Section 1781b; 10 U.S.C. Section 3013; and CNGBM 1800.02

PRINCIPLE PURPOSE: This information will be used by MNNG Family Programs to provide assistance to Service Members and their families in programs that affect family readiness.

ROUTINE USES: This information will be released as authorized for disclosure to any party or agency identified accordingly between MNNG Family Programs and the customer. Further demographic information may be used for statistical purposes or trend analysis. However, no PII will be used in that circumstance.

DISCLOSURE and EFFECT OF WITHHOLDING CONSENT: Voluntary. Failure to provide information may prevent MNNG Family Programs from having the ability to provide routine outreach to the Service Member or their family, which could result in inability to provide updated family activities, programs and services, in inappropriate service provided, delay in services, and denial of services. This form cannot be used for the re-release of confidential information provided to the Minnesota National Guard Family Programs office by other individuals or agencies. Such requests should be referred to the original individual or agency.

Please place initials to the left of each item being approved.

I, _____, authorize the Minnesota National Guard Family Programs to:

- _____ Release to: _____
- _____ Obtain from: _____
- _____ Exchange with: _____

The following specific information pertaining to myself:

For the purpose of: (optional if no purpose is stated, all lawful purposes are assumed).

- _____ Evaluation/assessment and/or coordinating treatment efforts
- _____ Providing resources and services
- _____ Other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____

Read before signing:

I understand that the information which I have authorized to be disclosed will be used for the purpose(s) stated. I acknowledge that it is my responsibility to be aware of any rights of confidentiality which I may have regarding the information which I am releasing and that by signing this consent I am waiving my rights, if any, to confidentiality for purposes which I have approved.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

_____ Signature of Client	_____ Date	OR	_____ Last Four SSN	OR	_____ Date of Birth

_____ Signature of Witness	_____ Date				

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

We value your opinion.



Online Customer Feedback. Scan the QR code or follow the link below:



[Link](#)

Customer feedback form may also be submitted via email provided below.

MNNGJ9FamilyProgramsCustomerFeedback.mil@army.mil

The following federal representatives are also available to assist in customer concerns for Service Members and their Families:

Minnesota Family Programs Director
Heather J. Bergeron
(o) 651.268.8207 or Heather.j.bergeron.civ@army.mil

Minnesota Family Programs Deputy
Angelina Szuberski
(o) 651.282.4658 or Angelina.m.szuberski.civ@army.mil

A copy of this document is available upon request from

MN State Family Programs
600 Cedar Street
St. Paul, MN 55101

MNNG State Family Programs Feedback Form	
Date:	
Location:	
Subject:	
What happened? (Who, What, When, Where, Why)	
Desired outcome?	
If we have questions or concerns, can we reach out to you?	
Name:	
Address:	
City, State & ZIP:	
Phone:	
Email:	
Feedback Form can be submitted to: MN State Family Programs 600 Cedar St. St. Paul, MN 55101	

MNNG State Family Programs Customer Feedback Report							
Feedback Event/Activity Details							
Event/Activity Providing Feedback for:							
Date of Event/Activity:							
Time of Event/Activity:							
Location of Event/Activity:							
Family Program Staff Information							
Feedback Received by:							
Date Received:							
Received via:	Telephone		Email		In person	Other	
Did Customer consent to be contacted about Feedback?							
Customer's information							
Customer's Name:							
Address:							
Phone Number:							
Email:							
Nature of Feedback							
Action Taken							
Date:							

Privacy and Disclosure All information obtained from individuals must be appropriately safeguarded to protect an individual's privacy.

Disclosure of any records must comply with AR 25-22 (The Army Privacy Program), DoD 6025.18-R (Implementation of the HIPAA Privacy Rule in DoD Health Care Programs), DoD 8580.02-R (DoD Health Information Security Regulation), DoD Directive 5400.11 (DoD Privacy and Civil Liberties Programs), DoDI 5400.16 (DoD Privacy Impact Assessment (PIA) Guidance), Health Information Technology for Economic and Clinical Health (HITECH) Act 45 CFR Parts 160 and 164 (Privacy Rule), Health Insurance Portability and Accountability Act (HIPAA) of 1996, The Freedom Of Information Act 5 U.S.C. § 552, Privacy Act of 1974 5 U.S.C. § 552a, E-Government Act of 2002 44 U.S.C. § 101, Federal Information Security Modernization Act (FISMA) 2014, and OMB Memorandum 07-16 (Safeguarding Against and Responding to the Breach of Personally Identifiable Information).

MNNG-FP respects your right to privacy; however, the staff members DO NOT have privileged communication. MNNG-FP staff is required by law, with or without your consent, to contact proper authorities if they believe you and/or supporter/Family Member pose a risk to yourself or others. Suspected abuse/harm include but is not limited to: maltreatment, molestation, child neglect, elderly abuse, and/or drug use.

Minnesota National Guard Family Emergency Reporting (FER) purpose is to best identify Service Members' and their dependents in crisis. Triggers for initiation of an FER are as follows; death, severe injury/illness/hospitalization, suicide threat/ideation, felony arrest, child safety issue, military pay problem (lasting over 1 month), natural/man-made disaster, displaced family and/or member, and non-support. These crises have the highest potential to affect service member's military obligation and will be shared with the service members unit.

____ **YOUR POSITION**
HERE ____ Hours

Rank/Sal. **First and Last name**

Monday 9am - 5pm

Tuesday 10am - 5pm

Wednesday 9am - 6pm

Thursday 8:30am - 5pm

Friday 8am - 5pm

If I am not at my desk, I am available by Teams or Phone
at Your Number here
or you can email me at Your email here

In the event of an after-hours crisis, customers can receive immediate assistance by contacting Military One Source (MOS) at 1-800-342-9647 and www.militaryonesource.mil/. In case of emergency call 911.

Acronyms

ANG	Air National Guard
AR	Army Regulation
ARNG	Army National Guard
ARNG-FP	Army National Guard Family Programs
BHO	Behavior Health Office
BTYR	Beyond the Yellow Ribbon
CNGBM	Chief National Guard Bureau Memorandum
CYS	Child and Youth Services
DOB	Date of Birth
DoD	Department of Defence
DoDD	Department of Defence Directive
DoDI	Department of Defence instruction
ESGR	Employer Support of the Guard and Reserve
FER	Family Emergency Reporting
FOIA	Freedom of Information Act
FP	Family Programs
HIPAA	Health Insurance Portability and Accountability Act
IAW	In Accordance With
ICE	Interactive Customer Evaluation
MNNG-FP	Minnesota National Guard Family Programs
MOB	Mobilization or Deployment
MOS	Military OneSource
OPSEC	Operational Security
PII	Personally Identifiable Information
POC	Point of Contact
SFRG	Soldier and Family Readiness Group
SFRS	Soldier and Family Readiness Specialist
SOP	Standard Operating Procedure
SSN	Social Security Number
USC	United States Code
YRRP	Yellow Ribbon Reintegration Program